

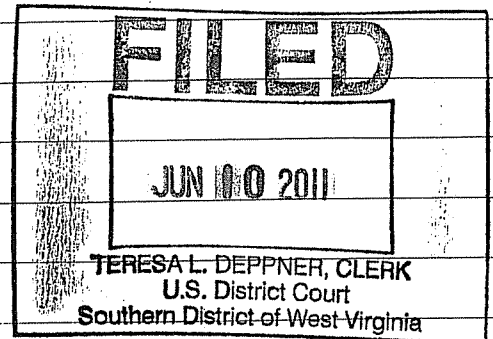
IN THE UNITED STATES DISTRICT COURT
FOR
THE SOUTHERN DISTRICT OF WEST VIRGINIA

Jodi Darlene Dodson,
Petitioner,

v.

C.A. 1:11-0411

Federal Bureau of Prisons,
Respondent,



MOTIONS MADE PURSUANT TO:

1. Motion requesting the Federal District Court to:

- A. Compell the Federal Bureau of Prisons to respond by approval or denial for compassionate release based on serious medical issues,
- B. Compell the Federal Bureau of Prisons to respond by approval or denial for administration of medication, previously administered, yet halted,
- C. Compell the Federal Bureau of Prisons to expedite these responses, within thirty days of court order, due to seriousness of the issues and the extensive time delays that have been already used,
- D. Request that the court permit the inmate to furlough, if needed, to court hearings, as inmate is not a flight risk is camp status, community custody, ties to the community, and is within eighteen months of release, and so that the inmate can continue pro se,
- E. Request that the court consider appointment of civil attorney for legal matters, due to incarceration, as attorney in the Northern District is for criminal issues and does not want to address these issues,
- F. Consider possibility of Summary Judgement,
- G. Request that courts leave the case without prejudice, due to future legal issues pending with the BOP and the criminal case previously, being addressed by the plaintiff and the husband
- GG. Request that the courts, compell the "Director" of the BOP, to make the final decision, as it is his, per the policy and procedures of the BOP.

May 2, 2011

Motion to compel the Federal Bureau of Prisons to respond by approval or denial; or the courts to issue a summary judgement, based on the following:

1. exhaustion of administrative remedies requirement has been satisfied
2. fact issue exists as to staffs deliberat indifference to prisoners serious medical needs
3. fact issue exists that the Bureau of Prisons health services staff and other staff memembers were deliberately indifferent to the prisoners medical needs
4. fact issue is that "no treatment" shows ineffectiveness and did in fact create deliberat indifference to the prisoners medical needs
5. non-medical admiistrative employees were deliberately indifferent to the prisoners needs
6. possibility of appointed counsel by the courts is requested, as current attorney refuses to assist with health issues, BOP issues, and civil legalities relating to incarceration.
7. fact issue is that each level of the BOP, institutional, regional and district, shows a vilation of their own "program statements", as the compassionate release and administrative remedy procedures were rejected repeatedly for "too many attjachments and untimeliness", yet, the medication remedies were permitted.
8. fact issue is that the "untimeliness" issue was raised by the BOP staff repeatedly, yet they exceeded their own deadlines for responses.
9. fact issue is that the BOP's double standard violates their own policies
10. fact issue is that the BOP policy for filing compassioante release states that exhibits and attachments are demanded, yet they refuse to accept the evidence in the inmates favor for fairness
11. The fact issue is that the BOP policy is that the "institution" must investigate issues, gather information, contact numerous staff and outside people, in order to make an informed decision which would enable the warden to grant compassionate release, yet this was not done, as the decisions were based on "no investigation" of facts, or evidence, inside or outside of the BOP, merely the staffs interpretation of the issue., not outside attending physician or specialists.
12. fact issue is that no effort was made nor has been made to seek alternate means of any treatment, nor to assist the inmate with perfectly permissable alternate incarceration, even as the inmate has been eligible for the Second Chance act, community custody, home detention, home confinement, halfway house placement, or any other available options for treatment to begin, as of December 2010, (18 months from release for goodtime)

MOTION

MOTION TO COMPELL AN ANSWER OF APPROVAL/DENIAL/OR OTHERWISE

Motion requesting the Federal District Court, Southern District of West Virginia, to compel the Federal Bureau of prisons, specifically, the Director of the Bureau of Prisons, to reply to a request for compassionate release based on medical conditions that have not been addressed nor treated.

This issue has been addressed to staff members at Alderson Federal Prison Camp, Alderson West Virginia, with no results.

This issue has been addressed to Federal Bureau of Prisons other levels, regional and district, by administrative remedy procedures, with no results.

The Federal Bureau of Prisons has determined that each time a remedy was filed, that they would respond with a "rejection" which is not appropriate, nor the intended outcome, of any inmate who submits a remedy. That process is to solve problems not add to them.

This is further proven by the simple fact that no one can be incarcerated and denied medical treatment. It is unconstitutional. Therefore, if the bureau of prisons cannot treat an inmate, then, alternate incarceration or "substitute punishment", may be authorized by the director or the courts. (this may come in the form of home detention, home confinement, probation, time served by sentence reduction, etc.

MOTION

Motion FOR JUDGEMENT BY COURTS FOR REPENTRY/EARLY RELEASE

Motion requesting consideration and/or a summary judgement for release, other than compassionate release, yet to still obtain medical treatment and to seek physicians care and other specialists. Also, to enable the inmate to re-establish Social Security/Medicare, Medicaid for medical treatment to begin as soon as possible. The inmate, will, also, seek to obtain a current West Virginia Drivers License, as the license has expired while incarcerated and West Virginia requires new written and driving exam to issue new license.

This request is made to enable the inmate to begin re-entry into society, per the Second Chance Act, BOP Policy, Community Confinement, etc., Consistent with 18 USC 3621. This is determined by individual basis, "long enough" to provide the greatest likelihood of "successful re-integration in the community and many other factors, for which this inmate qualifies.

This re-entry into society has been possible, as the rules state that the inmate is eligible for a variety of alternate remedies, namely 18 months prior to the projected release date of goodtime, which is June 14, 2012.

Attached to the packet is documentation and evidence of the rules which state that this inmate is eligible for a variety of remedies yet, the BOP has refused to address them or even consider them.

Relief Sought is the release of the inmate for medical reasons, by simply compassionate release, alternate sentence for release, or simply the enactment of the Second Chance Act and/or other available options that have not been utilized by the staff of the BOP. Please grant this request.

[illegible]

MOTION TO FURLOUGH

~~Motion requesting the courts to issue an order that will enable the inmate to "furlough" to all and any future court appearances, pertaining to federal courts, as this inmate is and has been eligible to do so.~~

1. BOP Policy states that an inmate is authorized to furlough without an escort for day or overnite, particularly as in this case, with less than eighteen months to serve.
2. A judge can order a furlough.
3. This order will enable the inmate to travel, with all needed, documentations, evidence, and exhibits, if need be for court hearings. Also, this will enable the inmate to prepare mentally and physically , as needed due to illness.

The need for witness preparations will be needed, as well.

- ~~4. This inmate meets all furlough criteria per the BOP policy, particularly,~~
~~as of June 14, 2011, the inmate will be within one year of goodtime release.~~
- ~~5. Inmate has means of travel per family, mother, brother, sister, and the~~
~~mother-in-law and father-in-law, XXXXXXXXXXXXXXXXXXXXXXXXXX~~

XXXXXXXXXXXXXX

- c. See BOP policy 570, for vreview of furlough rules, in Exhibit #28.

Bureau of Prisons Institutional Supplement
 Bureau of Prisons Institutional Supplement
 18 USCS 3582
 42 USCS 1983
 42 USCS 12131
 29 USCS 794 (a)
 42 USCS 12101
 18 USCS 1345
 18 USCS 3143
 USSG 5D1.3, 5F1.2
 USCA 8th
 USCA 14th

5360.09 Religios Practices
 6031.01 Patient Care

Civil Rights Act
 Social Security Disability
 Americans with Disabilities Act of 1990
 Rehabilitaiton Act 1973
 Amendments Act of 2008
 ACLU National Prison Project/Litigation Prison and Jail Conditions

U.S. v Moncrief	289 FSupp 2d 1311
Helling v McKinney	509 US 25, 31-32 (1993)
Wilson v Seiter	501 US 294, 304-05 1991)
Hudson v McMillan	503 US 1, 6-7 1992)
Clement v Gomez	298 F3d 898, 904 (2002)
Madrid v Gomez	889 FSupp 1146, 1248-50
Farmer v Brennen	511 U S 825, 837 1998)
Hoptowit v Ray	682 F2d 1237, 1252-55 (1982)
Estelle v Gamble	429 US 97, 50 LEd 2d 251
Greeno v Daley	414 F3d 645
Brock v Wright	315 F3d 158, 162
Tillary v Owens	719 FSupp 1256, 1286
	907 Fwd 418 1990)

Plant Spirit Healing, Pam Montgomery
 Miracle Cures, Jean Carper

Institutional Supplement, Patient Care, 6031.01, states that upon arrival, comparison of medications will be made by the organization, including herbal, over the counter, etc., however, it then states that the following are not medically necessary and will be discontinued. That is, herbal supplements, (which are not provided by the BOP policy), over the counter items, (as they may be purchased at the commissary, if available), prescription items, (except those not in the BOP formulary guidelines).

According to the above policy, there is no herbal supplements to be administered ~~an this has been confirmed by this institution,~~ even the request that a physician mail them in and have them administered by this BOP health unit. That is not possible.

According to BOP policy 5360.09, inmates are permitted to receive small amounts of wine, tobacco, herbs, the use of a "sweat lodge, and "special diets, according to religion.

As the BOP permits these purposes, it appears that a discrimination factor has presented itself, since they are not being permitted for medical purposes.

My husband and I believe in homeopathic, naturalistic practices as well as, conventional and over the counter medications for treatment of illnesses, yet we are being denied the right to practice our belief. Due to this discrimination, our health has deteriorated and our life span has been decreased.

This is an 8th amendment violation, made possible by the 14th amendment, which prohibits the infliction of cruel and unusual punishment on convicted prisoners. This is demonstrated by a deprivation of basic human needs, such as food shelter, clothing exercise, MEDICAL CARE, or reasonable safety. (Helling v McKinney, 509 U.S. 25, 31-32 (1993))

It is not enough to allege that the "totality of conditions" is unconstitutional, plaintiff must allege deprivation of one or more identifiable human needs.

Wilson v Seiter, 501 U.S. 294, 304-05 (1991)

The eight amendment is violated here, as prison staff have used force "maliciously and sadistically" to cause harm, and supervisory staff are liable upon the showing of deliberate indifference.

Hudson v McMillian 503 U.S. 1, 6-7 1992

Madrid v Gomez

(This is in relation to medical violation of use of force to refuse any type of medical care for illness.)

A serious medical need is present whenever the failure to treat a prisoners condition could result in further significant injury or the unnecessary and wanton infliction of pain.

Clement v. Gomez, 298 F3d 898, 904 (9th Cir. 2002)

When our internal environment is conflicted that is by the external environment, we engage in an internal war that destroys life. Plants provide us with breath, all of our food, either directly or indirectly, therefore making humans completely dependant for our very existence. Plants are the most accessible avenue to healing available to us. When employed spiritually, emotionally and physically, the healing can begin and the healing can complete.

Herbal remedies such as the following have become a part of everyday life for many, in this day and age. It is essential that the BOP begin to recognize this as beneficial to their own prisoners.

Coenzyme Q10 is an antioxidant, a vitamin that your body must take in to feed cells so that the body can operate at optimum level. IT is present in small amounts of food, notably seafood and is produced by all cells of the body. Taking it revitalizes the heart function and relieves heart disease symptoms. Symptoms of need include weakness, fatigue and swelling. Treats CHF, cardiovascular problems, high blood pressure, arrhythmia, angina and mitral valve prolapse. Also, for degenerative neurological disease such as Parkinsons, Huntingtons, ALS, and MS. (the hope is to slow down progression, and is being studied to treat cancer, notably breast cancer with dramatic success.

St. Johns Wart Used for Mild to moderate depression. It is the drug of choice in Germany. It outells "Prozac" 7-1, with 3 million prescriptions by year. Based on government approval and stringent clinical studies without unpleasant side effects. Intense sadness, worthlessness, overwhelming fatigue, loss of energy, little pleasure at work or life. Add this to artificial light therapy and counseling, 60 - 80% improvement.

Ginkgo is beneficial for blood circulation, brain function; works in both neurodegenerative and vascular diseases. Treatment is for diminished memory and concentration, increased absent-mindedness, confusion, energy loss, tiredness, depression, dizziness, tinnitus, dementia and Alzheimers. Also, atherosclerosis, varicose veins, intermittent claudication and impotence. It revitalizes brain activity, stopping or reversing a constellation of symptoms due to poor blood flow. This is a very strong antioxidant, which protects cells from damage, an underlying cause of all bodily degeneration, including dysfunctional brain cells, clogged blood vessels in the brain, heart and extremities. Does discourage blood platelets stickiness, reduces formation of blood clots, and plaque buildup, anti-inflammatory; protecting diseases arteries from further damage. Increases metabolism.

Grapefruit Fiber Is for cholesterol and to unclog arteries. It hinders absorption of fat and suppresses the liver production of cholesterol, dissolves plaques and opens up arteries.

Fever Few (Aspirin) Is used as treatment for migraines, headaches, fever, rheumatic inflammations, asthma, allergies, dermatitis, and psoriasis. Is an anti-inflammatory

Glucosamine used for osteoarthritis, rheumatoid arthritis, disc conditions, and improves immune function, tendonitis, bursitis. Stimulates rebuilding of damaged cartilage and prevents breakdown of cartilage. Is an anti-inflammatory agent, relieves pain, swelling and tenderness. Chondroitin draws fluid into the cartilage, attracting nutrients and helps hydrate the cartilage. Protects from premature degeneration and acts as building block for creation of new cartilage.

(Ibuprofen, acetaminophen cause ulcers, gastrointestinal bleeding, kidney damage and destroys cartilage while discouraging production of new cartilage.)

Echinacea is an infection fighter and alternate to antibiotics. It is used against colds, flu, viruses, and infections. It activates the immune system as a way of defeating infections as well as other diseases such as cancer. Fights infections by boosting immune functioning. Is effective in preventing and treating upper respiratory tract infections such as colds and common ear infections. (There is a warning if you have an autoimmune disease such as lupus, tuberculosis, MS, diabetes, AIDS.)

Valerian is an alternate to valium used for sleeping, anxiety, and muscle relaxer. There is no addiction. It is used to calm down, and tame the brain, reduce anxiety and induce sleep, relieve stress, and relax the muscles. does increase deep sleep, shortens fall asleep time, prolongs sleep time, increases dreaming, reduces night time awakenings and improves quality of sleep.

Milk Thistle If toxins are more than the liver can handle, liver cells are destroyed, liver function declines and can shut down. Environmental chemicals, air pollutants, pesticides, auto exhaust, prescription and now-prescription drugs and alcohol, aids in the liver overload. This pill restores normal liver function and curtails disease, helps recovery and heals hepatitis. IT is a complex antioxidant which prevents damage to healthy liver cells, barring toxins from breaking thru fatty cell membranes and entering cell interiors, and also, neutralizes toxic substances.

Bee Pollen for Hay fever, allergies, asthma, sinus, and lung disease. Also, anticoagulant and anti-inflammatory. May chew the honeycomb, as well

Ginger Use as an antinausea, antmotion sickness and indigestion relief, after surgery, morning sickness and vomiting.

Kava is a mild tranquilizer, mild sedative, for stress, anxiety, tension, sleep, muscle relaxer, tension headaches, and mood elevator. Creates euphoria, relaxation and restful sleep. Does not rob alertness.
(compare to alcohol, painkillers, prescription anti-anxiety drugs, tranquilizers, such as Xanax, Valium and Halcion, the sleeping pill.)

Omega 3's (Fish Oil) The universal Miracle Cure, for joints, arthritis, colitis, inflammatory bowel disease, asthma, psoriasis, artery disease, inflammatory diseases, therapeutic for brain disorders. It is essential to cells; controls all behavior. Also, depression, aggression, brain damage, ADD, ADHD, Alzheimers, concentration and sleep disorders.

Saw Palmetto used for the prostate, urination, pain, and erectal dysfunction. (Replaces surgery and pills).

Celery and Cherry Extracts Used for Gout, forms of arthritis, big toe, knee, ankle, wrist, foot and hand. Inflammation, swelling and redness, which can lead to kidney disease. Acts as an anti-inflammatory which helps remove uric acid from the body. Compare to the NSAIDS and painkillers.

Licorice is a natural steroid, used to treat chronic fatigue and cluster of symptoms; flu-like illness, headaches, joint aches, muscle pain, depression, unrelenting intense fatigue, keeping those from work and in bed all day. Also, brain fog, low blood pressure, and adrenal insufficiency, gastric ulcers, fights viruses and boosts immune function. (Chronic Fatigue syndrome, fibromyalgia, yet you must have enlarged lymph glands. Compare to painkillers, antidepressants. (Test this by using the "tilt table test", you will pass out upon upright position if you are adrenal insufficient.)

Grape Seed OPC (Pycnogenol) is the blood vessel fixer. Used if blood vessels grow old, diseased, fragile, thin and leaky, health is compromised, heart muscle can be damaged, brain cells may die or malfunction; muscle cramps and vision may diminish. Treats vascular disease, as it increases structural strength of weakened blood vessels. Also, an antioxidant, fights cholesterol, arthritis, blood clots, ADHD. (Edema, Varicose veins, nose bleeds, gum bleeds, macular degeneration, high blood pressure, allergies, spider veins, bruising.

Peppermint Oil used as a pain medication for tension headaches, irritable bowel syndrome, applied to the forehead, temple, eyebrow, hairline, neck, etc., or as an enteric capsule. Compare to aspirin or tylenol.

Vitamin C and Vitamin E also known as "heart drugs" are used for clogged arteries, high cholesterol, high blood pressure, heart attack, blood clots, stroke, and chest pain. It opens diseased and clogged arteries so that they dilate normally and blood flows to feed heart cells. Helps to slow down, stop and reverse atherosclerosis (hardening of arteries), by acting as an anti-inflammatory agent..
As an antioxidant, it also keeps arteries open, corrects abnormalities in vascular functioning of diseases arteries that lead to heart attacks and angina. Used to treat cancer, asthma, infertility, diabetes, arthritis, degenerative eye disease, degenerative brain disease, such as Parkinson's, Alzheimers, and Lyme Disease. Is a great antibacterial, as well.

In Miracle Cures, by Jean Carper, discusses herbs, vitamins and other remedies that do work according to patients, doctors, and scientific researchers. They are safe if chosen and used appropriately. They are often as safe and effective or more safe and effective than conventional mainstream medical drugs or treatments. They are usually far less expensive and have accomplished "miracle cures" for many people.

For Bones, use Vitamin C and D, as an antiinflammatory. (Ibuprofen negatively effects bone health. Used a variety of ways, for a variety of illnesses and in combination for ultimate effects. Antibacterial agent.

Migraines may be a magnesium deficiency, hormonal, chronic inflammation. Use magnesium citrate to balance hormones while curbing inflammation.

Cold care try Umcka as it shortens duration naturally.

Blood Sugar can be treated with alpha lipoic Acid which improves blood sugar levels in type II and may help with side effects such as nerve pain, kidney damage and slow wound healing
Also, Gymnema, Chromium, Magnesium and Vitamin D, Bitter Melon, Ginger, and Ginger Tea, Eldenberry, Garlic, Licorice, Vitamin C, etc.
Another cold care remedy is Echinacea, which stimulates the bodies immune system thru an "impersonation mechanism".

Brain Health can use Gelsimium for anxiety, Mux Vomica for burnout, Ignatia for loss or grief, and Sepice for menopausal and peri-menopausal

Also for body aches, illnesses, use baths, with peroxide, epsoms salts, rose, lavender, and other extracts of plants, sea salts, sugar, teas
Used as an antioxidant, antiinflammatory, exfoliant, to draw out toxins.

Iodines can be used for thyroid conditions, metabolism, diabetes, and toxin releaser. (Tincture on the body, not within.

Aloe Vera Juice, Gel, can be used withing and outside the body. As a juice to heal internally, heartburn, acid reflux, sore throats, mouth sores, intestinal disorders, hemorrhoids. Externally, as a healing agent for sunburns, skin disorders, allergies, swelling bites.

For infections, colloidal Silver, is a natural antibiotic to be used internally or externally, yet sparingly as the body will become silver permanently.

According to Plant Spirit Healing, by Pam Montgomery, has found that plant people, vegatalistas, herbalists and people from all over the world, from tribes and traditions, have gathered together because once upon a time, a plant saved their lives. Once this happens, nothing is ever the same again.

For the past two decades, herbalists have been trying to prove that their field is "real" science, that it should be taken seriously. It is the invisible healing that takes place that seems to baffle those that question its strength. It is this invisibleness that people seem to have difficulty with, as if it is some shameful thing that must be put away.

Plant medicines are used throughout ecosystems by insects, birds, reptiles, mammals and other plants, yet overlooked by those in modern medicine, at least those who choose to be ignorant to the healing.

Also, plants cant and will determine just what particular chemical an ill member of an ecosystem needs and will then begin making it for them, which is an invisible work of nature. Modern medicine has tried to reduce healing to a sophisticated manipulation. It is not necessary to have a degree in chemistry to understand the medicine of plants. Herbal methods go beyond symptomatic treatment to source-level treatment. This includes tinctures, teas, essential oils, or any useful part of the plant may be used for healing.

My husband and I found the above to be so very true, as to have saved our lives. The simple act of not permitting us to use these methods to sustain our lives is against the very liberty this country was built on. This issue is a violation of our rights as we must be permitted to either be released to treat our illness or Bureau of Prisons must change their policies.

This is demonstrated by the facts of this case, that are; no medical care, no medical policy per the BOP, no treatment or treatment plan per the BOP, and absolutely no suggestion as to any alternatives available. This has caused significant and needless harm and will continue to do so until a course of action has been taken for treatment or alternate incarceration elsewhere, which means that with no BOP policy available there is no treatment available, anywhere in the country if incarcerated. That is the focus of this policy. Without a policy in place, incarceration is not an appropriate means of punishment for this serious illness. IT must be addressed and treatment must be administered, appropriate for this disease, immediately.

This is, also, being forced up the prisoner maliciously and sadistically, as the staff has been and continues to show deliberate indifference to the issues and the inmates well being. (Madrid v Gomez, 889 FSupp 1146, 1248-50).

~~This is demonstrated by actual evidence as well as, circumstantial evidence.~~
~~The inmate and her physician has made the issues clear from the beginning.~~
~~Documentations were sent in upon incarceration and after, specifically pertaining to the request of compassionate release, which staff refused to consider for any type of treatment, refused to seek any treatments at all, and refused to consider alternate incarceration, nor the permission of the physician to discuss, or even make arrangements for outside physicians and medications to be permitted. This basically, covers any means of any treatment of any kind.~~

Failure to act in the face of these known violations is relevant circumstantial evidence that shows knowledge and state of mind. Therefore, this shows that conditions are unconstitutional. (This satisfies the subjective prong, because the same information that would lead the courts conclusion, was available to the prison officials. This, also, shows the "deliberate indifference" as prison officials "have not responded" even reasonably, to the risk and the harm that has not been averted. (Farmer v. Brennan, 511 U.S. 825, 837, (1998))

~~A serious medical need is present whenever the failure to treat a prisoners condition could result in further significant injury or the unnecessary and wanton~~

infliction of pain. (Clement v Gomez 298 F3d 898, 904 (2002))

The 8th Amendment requires that prison officials provide a system of ready access to adequate medical care. Prison officials show deliberate indifference to serious medical needs if prisoners are unable to make their medical problems known to medical staff. Access to the medical staff has no meaning if the medical staff is not competent to deal with the prisoners problems. (Hoptowit v Ray, 682 F2d 1237, 1252-53, (9th 1982)).

In this case, the difference of medical judgements are actionable, as all medical care, treatment, and lack of administrative remedy has been ignored or simply not followed per the BOP. Also, the access to qualified staff to address the problems with this illness have been prevented. The simple fact that this illness is extremely complex, and warrants the acts of specialists and specific treatments per symptom, renders the lack of services by an unqualified person is deliberate indifference. The failure to inquire into facts necessary to make a professional judgement by any staff member, namely by refusal to speak with anyone outside of the facility, for instance the attending physician or a specialist. The interference with medical judgment by non-medical factors. This was based upon the denial of treatment due to no BOP policy on this illness and that I could wait til my release to seek more treatment, such as my own homeopathic methods, budgetary restrictions for the Depo Provera shot, refusal to provide specialty consultations refusal to acknowledge or respond with an approval or denial on the compassionate release request and the lack of response per the administrative remedy on the BP11, for the Depo Provera shot. Judgement so egregiously bad that it really isn't medical. Treatment so inappropriate as to evidence intentional mistreatment likely to seriously aggravate the condition, doggedly persisting that no treatment is necessary nor will be forthcoming, ever. The lack of medical treatment that is so grossly incompetent, inadequate that it shocks the conscience, which constitutes the deliberate indifference. The facts that the staff has treated the prisoner "not as a patient, but as a nuisance, with no right to treatment of her illness.

According to 42 USCS 1983, Right to state claim and pursuant to Estelle v Gamble, 429 US 97, 50 LEd 2d 251, Cruel and Unusual punishment clause of the 8th Amendment is made applicable by the 14th amendment. This amendment is more than physical, it embodies broad concepts of depredation, civilized standards of humanity and decency.

Punishments which are incompatible with the evolving standards of decency, that make the progress of a maturing society, or which involve the unnecessary and wanton infliction of pain are repugnant to the cruel and unusual punishment clause of the 8th Amendment.

This proscribed punishment for alleged crimes is grossly disproportionate and imposes substantive limits on what can be made criminal and punished.

The government is obligated to provide medical care for those whom it is punishing by incarceration.

The public is required to care for the prisoner, who cannot by reason of the deprivation of his liberty, care for himself.

Deliberate indifference to serious medical needs of prisoners constitutes unnecessary and wanton infliction of pain by the 8th Amendment. This is regardless of whether indifference is manifested by prison doctors in their response to the prisoners needs or by prison guards in intentionally denying or delaying access to medical care or intentionally interfering with the treatment once prescribed, regardless how evidenced, deliberate indifference to a prisoners serious illness or injury states a civil rights cause of action under the 42 USCS 1983.

(A cognizable claim of constitutional violation must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs; it being only such indifference that can afford evolving standards of decency in violation of the 8th Amendment.)

This is demonstrated by the evidence throughout the compassionate release request, the Depo Provera medication denial, and the lack of response to any request made by the inmate, myself. Their own records show this, as well.

Estelle v Gamble, 429 &S 97, 50 LEd 2d 260, and the 8th Amendment, violations are intent to deny or delay access to medical care or intent to interfere with the treatment once prescribed. If a "state" elects to impose imprisonment as a punishment for a crime, it has an obligaiton to provide the person in the custody with a health care system which meet minimal standards of adequacy. Part of that basic obligation is its agents have a naffirmative duty to provide reasonable access to medical care, to prove competent, diligent medical personnel and to ensure that prescribed care is in fact

Greeno v Daley, 414 F3d 645, The exhaustion of administrative remedies require-
ment has been satisfied as to complaints that state prisoner now asserting 1983
claim, had persued through highest and final level of review and that alerted
prison officials to nature of the problem and gave them opportunity to resolve
it. This has been demonstrated by evidence of continuous talks and filing of
administrative remedies, with no response of approval or denial, merely
rejections over and over, with no regards to assisting the inmate or
following their own written policies.

The general law regarding medical treatment is established by fact that officers (staff) cannot intentionally deny or delay access to medical care. (Staff is deliberately indifferent to needs and risk, therefore actions are not protected by "qualified immunity".) Once again, this deliberate indifference to a prisoners serious illness or injury violates the 8th amendment.

USCA Constitutiona lAmendment 8, right to proper medical care for serious medical needs, serious medical need is present when the failure to treat a prisoners conditon could result in further significant injury or the unneccessary and wanton infliction of pain. This violation is evidenced by the officials knowing of and desregarding or excessive risk of the inmates health & safety; the official must both be aware of the facts from which the inference could be drawn; that a substantial risk of serious harm exists and must also, draw the inference. The inference is here and it is more than mere negligence.

Civil Rights Act, provides right of action for violation of federal rights.

Factors that guide the analysis for medical care include: but are not limited to:

1. Whether a reasonable doctor or patient would perceive the medical need in question.
2. Whether the medical condition significantly affects daily activities, and;
3. The existence of chronic and substantial pain.

Brock v Wright, 315 F3d 158, 162

Also, the courts have held that when there is substantial question to warrant release, consideration must be given.

Teh mental aspect, per the 8th amendment, is that is that need is no less serious than the physical need. Yet, the prisoner did get to continue the prescribed medication upon arrival, this was not fulfilled until three months after arrival and one of those medications was discontinued, per BOP policy, with no alternative, period. "Severe" mental illness is one that has caused significant disruption in an inmates everyday life and which prevents his functioning in the general population without disturbing or endangering others or himself.

Tillery v Owens, 719 F. Supp. 1256, 1286, 907 F2d 418, 1990).

For this inmate, Social Security Disability has recognized the disorder of "severe depression, which is symptomatic of severe, chronic Lyme Disease". That makes the psychological issues relevant to the physical issues, which are not being addressed. Deficiencies in mental health care have been found to violate the Eighth Amendment. This facility fails to provide an adequate number of qualified mental health staff. Once psychologist per 1200 inmates is inadequate.

Examples of deficiencies in mental health care that have been found to violate the eighth amendment are lack of "adequate mental health screening on intake, failure to follow up on prisoners with known or suspected mental health disorders, failure to provide adequate numbers of qualified mental health staff, and the housing of mentally ill prisoners in segregation or supermax units.

In this case, the intake screening was not extensive, not enough to prepare an adequate assessment, nor was the outside physician consulted. Many of my issues are related to my illness and the adjustments I have had to make to simply live. This criminal case simply added to those issues, which I was not permitted to discuss, even once I began group counseling. "No legal issues are permitted to be discussed". Once again, the amount of inmates at this facility is simply beyond safe. There are now over 1200 women, to one counselor. She cannot possibly help all of us. The housing is another issue that has caused myself undue stress. There are 150 women in my unit, 2 to a room, and 24 without rooms, jammed together due to lack of space, yet this

is rationalized by most being in some type of disciplinary trouble. This is unsafe and possibly illegal, according to our very own accreditation evaluation that happens periodically. To further this problem, is the noise levels cannot be safe for our hearing. I have found that my ears never stop ringing, even with ear plugs. We are forced to wear headphones for TV watching and for any music. Years of this unsafe practice has definitely effected my hearing, as my disease, also has had an effect, along with my chosen profession, of course.

As for environmental health and safety issues, prisoners are constitutionally entitled to environmental conditions that do not pose serious risks to health and safety. The conditions that are effecting inmates, myself and my husband, included are inadequate ventilation. This is clearly shown by the amount of mold that is continuously a factor in the shower rooms. This is routinely covered up by painting the ceilings, yet it continues to flourish within the vents and on the walls. I actually had a job within the showers and I had to wear a paper mask to try and limit the amount of toxins I would breath, as the cleaners were a problem, as well.

Many inmates have contracted HPlori from the drinking water. I have not been tested yet, but will upon release. There are constant toxic fumes surrounding us by cleaners that are supposed to be, now, "green" products, yet painting and cleaners are constantly used in every building. Pesticides are sprayed randomly. There is rumor of "asbestos" in many areas on this compound, yet every time it is brought up, it is not here or the place is covered up and painted over.

The above mentioned issues are simply confirmation that there are more factors to consider in this instance as all of the daily exposures cause this illness to flare and progress.

As prisoners are protected by 504 of the Rehabilitation Act of 1973, 29 USC 794(a), and by Title II of the Americans with Disabilities Act, 42 USC 12131, that prisoners can seek damages under Title II if the conditions they are challenging would also violate the constitution.

According to 18, USC 3582(c)1, Upon the motion of the Director of the Bureau of Prisons, court may reduce the term of imprisonment if it finds extraordinary and compelling reasons that warrant a reduction. (The bureau has chosen to limit this avenue to severe medical problems).

BOP policy states that the Bureau of Prisons has considerable discretion in selecting a facility for service of a time of imprisonment. This authority may be used to place a prisoner on home confinement.

"Alternate sentence" does not reduce the amount of time to be served, it only alters the conditions of confinement. This can be achieved in any number of ways such as: probation, home detention, home confinement, halfway house, and prison, as well.

The term "suffered enough" means that the purpose of sentence is to provide just punishment. In this case, the "just punishment" has been above and beyond any means of reasonableness, as the crime that was alleged was simply based upon purchases of medication used for treatment of a serious illness, yet was not addressed by an considerable amount of testimony by attorneys or witnesses, let alone physicians who are experts in the field of Lyme Disease.

Therefore, deliberate indifference to serious medical needs violates the eighth amendment, as per Estelle v Gamble, 50 LEd. 2d 251-268 .

Other factors that should guide the analysis include, but are not limited to, 1. whether a reasonable doctor or patient would perceive the medical need in question as important and worthy of comment or treatment; 2. whether the medical condition significantly affects daily activities, and 3. the existence of chronic and substantial pain. Brock v Wright, 315 F3d 158, 162 .

The 8th amendment violation of the depravation of a basic human need is such as food, clothing, shelter, exercise, MEDICAL CARE, and reasonable safety. This same 8th amendment protects against conditions that pose any unreasonable risk of future harm as well as those that are currently causing harm.

Helling v McKinney, 509 U.S. 25, 31-32, (1993)

yet, according to the USCS 12101, page 97 forward, the American with Disabilities Act of 1990, congress has found that failures to make modifications to existing practices, exclusionary qualifications, standards and criteria, segregation and relegation to lesser services, benefits, etc.

The continuing existence of unfair and unnecessary discrimination and prejudice denies people with disabilities the opportunity to compete on an equal basis and to pursue these opportunities. This costs the United States billions of dollars in unnecessary expenses.

According to Amendments Act of 2008, congress recommended that physical and mental disabilities, in no way, diminishes a persons right to fully participate in ALL aspects of society. People are frequently precluded because of prejudice, antiquated attitudes or the failure to remove societal and institutional barriers.

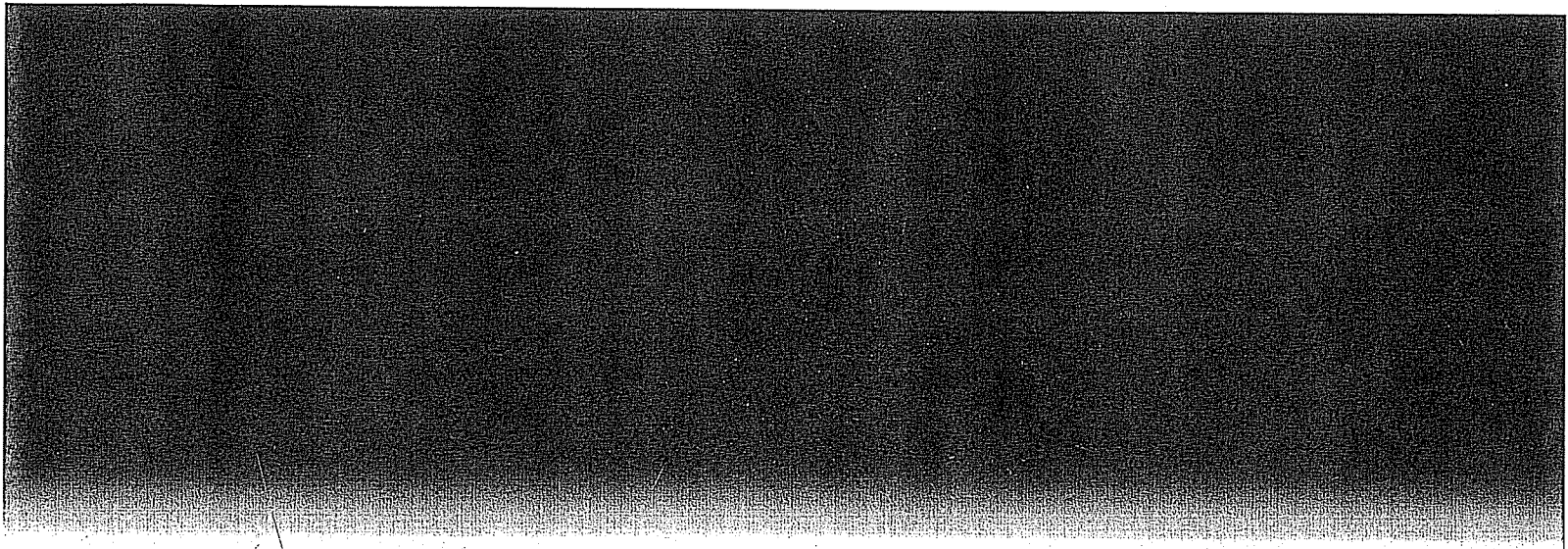
Congress expected the definition of disability under ADA would be interpreted consistantly, yet that expectation has not been filled.

Congressional intent is that "substantial limits" are significantly restricted.

According to USSG, (United States Sentencing Guidelines) 5D1.3 Home Detention may be imposed as a condition for supervised release but only as a substitute for imprisonment.
(See 5F1.2, home detention)

According to U.S. v Moncrief, 289 FSupp 2d 1311, the court held that Montcrief moved for release or bond pending appeal and that substantial question has been raised, warranting release. Reform Act requirement for showing of "exceptional reasons" for releases.

Exceptional Reasons for release under Rule 3143, is that the defendant has extensive medical issues that have been ignored and gone untreated since federal incarceration.
(See 18 USCA 1345 (c))



May 2, 2011

According to the Second Chance Act, a prisoner may spend a portion of the final months of the term, not to exceed 12 months under conditions that will afford that the prisoner, has a reasonable opportunity to adjust to and prepare for the reentry of the prisoner into the community. Such conditions may include a community correctional facility.

Also, Home confinement authority, may be used to place a prisoner in home confinement for the shorter of ten percent of the term of imprisonment of that prisoner or 6 months.

In this case, the inmate is now within that 18 month period of available transition. That is 12 months to a halfway house and six months to home confinement/home detention. (As goodtime date is June 2012, which made the inmate eligible in December 2010. This was discussed with Unit Manager, for which no request was made to the Bureau of Prisons Director or CCM.) Her recommendation was Jan 28, 2012, 4 1/2 months.

In the Bureau of Prisons Program Statement, 7310.04, states, the BOP is not restricted by 18 USCS 3624 c and may in place inmate in a community confinement center for more than six months by showing extraordinary justification. Three factors to be considered are

1. nature and circumstances of offense
2. prisoners history and charecteristics
3. statements by sentencing court (which are being appealed)

This request is for extraordinary circumstances, as to allow the prisoner to begin medical treatments that have been denied since 2009, after incarceration by the BOP. This time is needed to allow for reentry into society, as the treatment period will take an extensive amount of time to get into the body and begin working. This will, also, allow the inmate time to see own physicians, restart social security disability, seek part-time work, if possible, and seek other specialists. Also, the treatment regimen is extremely expensive and time is needed to gather those funds. (This is relevant for inmate and the husband as he will need the same treatments, time and money.)

The above may be imposed, as well as, quite simply, the director of the Bureau of Prisons, may reduce the term of imprisonment and may even impose a term of probation or supervised release with or without conditions, that does not exceed the unserved protion of the original term of imprisonment, as stated in 18 USCS 3553a.

This is: 1. extraordinary and compelling reasons that warrant such a reduction or
2. the defendatn is at least 70 years old which is NA here.

BOP policy states that if an inmate cannot be treated for any reason of any illness, alternate incarceration may be granted. This is that case, this is my husband's case and I am requesting that the courts determine that we both, have been denied this and it is unconstitutional.

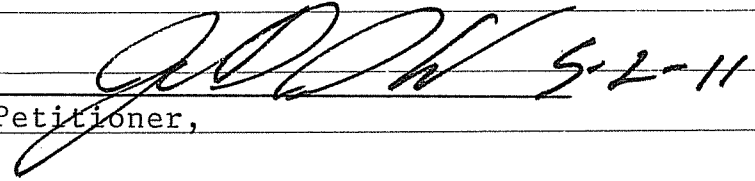
This illness and the conditions that hinder and disable a person were not addressed by previous attorneys prior to incarceration, therefore, this issue was not thoroughly discussed, nor was any medical experts brought in to testify or explain the detrimental effects that this type of incarceration would bring.

The former judge did determine that my husband could be treated at a hospital near him, yet that has never happened, as BOP policy does not permit it.

The above issues are facts and cannot be disputed as there is no BOP policy, no treatment plan, no medications permitted, by this bureau nor by any outside sources, as nothing can be sent in by outside physicians. This all leads to the very fact that my husband and I, and quite possibly any other inmate with this disabling, terminal illness, that is in a progressive state, cannot be detained and must be permitted to receive alternate incarceration to obtain medical care and medications.

Recommendation:

~~For the reasons set forth, the undersigned recommends that the~~
~~Court enter an order GRANTING the petitioners motion for~~
~~compelling the Bureau of Prisons to issue an approval or~~
~~denial, immediately, as this is medically necessary, or~~
~~as the court sees to issue a summary judgement. The issues~~
~~are for compassionate release, the reinstatement of the~~
~~medication, Depo Provera, and the courts to permit further~~
~~civil proceedings , along with the issuance of an appellate~~
~~attorney for advice and assistance with further issues,~~
~~pertaining to civil issues and medical issues.~~


Petitioner,

May 2, 2011

Clerk

Teresa L. Deppner, District Clerk
300 Virginia St., East, Room 2400 (Zip: 25301)
P.O. Box 2546
Charleston, WV 25339-2546
(304) 347-3000

Ms. Deppner:

The following packet contains motions to be reviewed by a Federal District Court Judge. I am currently incarcerated in the Southern District, Alderson FPC, Alderson, West Virginia.

I have pursued all avenues, according to the Bureau of Prisons instructions, policies and guidelines, yet the issues are not resolved. Since all measures have been exhausted, by administrative remedy per the Bureau of Prisons, I am now seeking the courts to remedy the issues.

Please review and process the following motions to the proper court, in this district, as there appears to be numerous and I am unsure of the area to address.

This matter, may also, involve the need of an appointed civil attorney, as I have been informed that while incarcerated, that is a possibility. Even though, I have begun pro se, I would like to seek future advise. Please respond if this is, in fact, true. (I do have a retained criminal attorney for this incarceration who has filed, as well as myself, numerous motions within the Northern District Court, for which we are awaiting responses, The attorney has been retained by a family member, not me)

Thank you for your time and I look forward to your response. Also, please note that the attached check is for the filing fee of \$350.00, as told to me by my husband, who recently filed in the Northern District and was told that was the fee. Please inform me if this is not satisfactory. Thank You.

Sincerely,

Jodi D. Dodson
06199-087 B3
Alderson Federal Prison Camp
Box A
Alderson, WV 24910

This request is based upon the following packet of evidence, which will enable the courts to make an informed decision. This decision will be determined by the facts that this inmate has followed all protocol, all instructions, all requests, yet, not relief has been forthcoming by staff of the Bureau of Prisons.

This issue is a medical issue that, according to BOP instruction, will be expedited. This has not been the case, as this original request for compassionate release was filed in October of 2009, and has still not been approved nor denied, as the Bureau of Prisons Staff has hindered any and all efforts by the inmate, to reach an appropriate and legal end to this issue.

This matter has progressed to the point that no other efforts may be taken on the part of the inmate but by the courts. The lack of compassion and care are grounds for this court to reach its own determination for the Bureau of Prisons, as they refuse to follow their own rules.

This illness has been determined by outside physicians to be progressive and terminal. There is no cure yet symptoms can be managed and lifespan can be lengthened by proper treatment. The BOP and its staff have no policy for treatment of this illness, no treatment plan, and refuse to acknowledge nor make exceptions or new policies to adhere to for this inmate or any other. This fact is clear as the inmates husband is incarcerated, as well, and has received no treatment nor care of any type for the same illness.

The following packet contains evidence of the inmates efforts to obtain compassionate release/alternate incarceration of home confinement, due to medical conditions.

- * Exhibit A contains the table of contents, which is the exhibit number and title of each section.
- * Each section has been separated and identified for the courts convenience and easier identification.
- * Please note the remarks on the rejection pages, and the effort by the inmate to accomodate the BOP, with no results.
- * Please review the instructions per compassionate release and administrative remedy.
- * Please review the Alderson Health Services lack of records and the included issue of removal and denial of prior medication, Depo Provera, that has not been determined by administrative remedy, as well. (That response was due by the central office on February 3, 2011, after extensions, and has still not been approved or denied).

0611 e

Compassionate Release Summary:

On 10/13/10, the inmate filed a request for compassionate release, 3582, to Warden Batts, at Alderson FPC, Alderson, West Virginia.

Per the institution, this request consisted of an introduction, information by the inmate, contacts, future plans and relevant issues.

Exhibits 1-8 and 18

Also, per the instructions for compassionate release, documentation by outside attending physician, literature, was to be included.

Exhibit 9 thru 9-6-F

The inmate did obtain Aldersons Medical Records and included those as exhibits, as well, which shows indifference and lack of treatment.

Exhibits 10-1 thru 10-13

Included, was the entire Depo Provera medication documentation and administrative remedy procedures followed in order for the medication to be reinstated. (Court issue, along with comp. release)

Exhibits 11-4 thru 11-6 and 4-1 thru 8-1

10/25/10, Warden Batts responded with a denial that was insufficient as stated in the BP9 filed.

Exhibits D-12 thru 12-4, 19, and 20, instructions

11/3/10 Alderson rejects BP9

11/16/11, Inmate filed administrative remedy BP10 for compassionate release due to the disagreement to Warden Batts initial response and the rejection

Exhibits 13-1 thru 13-2

12/13/10, Inmate receives regional office rejection notice, for the same issues and needs institutional response by Alderson before they can respond

Exhibit 13-3 thru 13-5

12/29/10, Inmate speaks with staff, who requested that the inmate resubmits another BP9 on the same issues yet without any exhibits or attachments, which is not the institutions nor the BOP instructions for filing remedies or compassionate release requests.

Exhibit 14-1 thru 14.3

1/19/11, Alderson, Warden Batts, response, denying administrative remedy, stating to submit an appeal to the regional office.

Exhibit 14-4

12/29/10 Per staff inmate submits copout to HSU requesting new
1/7/11 Treatments and meeting takes place with the director and the past director, Nurse Osbourne, relating to illness and medication problems, which leads to the admission that the BOP does not have a treatment or policy for my illness, merely a CDC recommendation for initial infection. This leads to regional doctor visit, as well.

1/25/11

1/31/11, Inmate files BP10 to regional office stating previous issues, with attacheed mailroom notice for postage due, (Aldersons fault), and the regional response of rejection, again.
Exhibt 15-1 thru 15-3

3/14/11, Inmate files BP11, to district office based on rejections and addresses each remark.

4/1/11 Distrcet office responds with another rejection stating needs institutional response first.

4/2/11 Inmate begins preperation for district court

5/24/11 Inmate mails case to federal district court.

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for
COMPASSIONATE RELEASE REQUEST

A

<u>EXHIBIT NUMBER</u>	<u># of PAGES</u>	<u>TITLE</u>
1	2	Introduction
2	2	Summary of Request
3	1	Extraordinary circumstances
4	1	Contact List
5	2	Inmate Statement to Staff
6	1	Future Plans/Medical and Personal
7	3	Related Legal Issues
8	3	Issues Effecting Disease Due to Incarceration *****
9	1	Documentations for Attending Physician Intro.
9-1	2	Letter
9-2	1	Symptom List
9-3	1	Brief on Immune response/Other informations
9-4	1	Testing for Epstein Barr Virus Results (Goes hand in hand with Lyme Disease)
9-5	1	List of Various medications, homeopathic, and over the counter remedies, used upon symptom flareups, customized to need
9-6 A-F	16	Numerous literatures on Lyme Disease, for reference and education stating the difficulties in treating this horrific disease and the disabling symptoms, among other useful information
9-6-A	4	Lyme Disease can mimic MCS symptoms
9-6-B	2	What psychiatrists Should Know About Lyme
9-6-C	2	What You need To Know About ILADS and Lyme
9-6-D	1	Public Health Alert
9-6-E	5	LDA/ILADS 2007 Conference Report
9-6-F	2	Tick Talk

B

Alderson HSU Medical Records Given to
Inmate upon Request

10-1	1	Labe Report 2/25/09
10-2	2	Sick Call report -cold/flu symptoms
10-2-A	1	LabCorp Report 3/12/09
10-3	2	Sick Call 3/30/09, check on med RX
10-4	1	Dr. Wright, clinical encounter 4/1/09
10-5	3	Dr. Rehberg, chronic care 9-17-09
10-6	2	Lab Report 7/23/09
10-7	3	Nurse Piner, Clinical Encounter 11/1/09
10-8	2	Dr. Wright, Cronic Care 1/14/10
10-9	4	PA Ligenfelter, Preventive Health Pap Test, 7/13/10, was told to take to continue Depo Provera Medication, 7/13/10
10-10	2	Sick Call report - edeom fqi estopms 7/19/10
10-11	2	Dr. Wright report 7/23/10
10-12	1	Pap Test Results 7/23/10
10-13	1	Lab Report 7/28/10

C

11-4 thru 11-6 DP 46

Depo Provera Medication file, for

4-1 thru 8-1

Administrative Remedy with Table of Contents

DP

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<u>EXHIBIT NUMBER</u>	<u># of PAGES</u>	<u>TITLE</u>
D		Administrative Remedy, PB9 (#1) Compassionate Release, Alderson
	D12	Warden Batts, Alderson FPC, denial
	12-1	Mr. Garrett, copout to submit BP9 on behalf of counselor Ms. Johnson
	12-2	Copy of BP9 (inmate has original)
	12-3	Inmate response to Warden Batts, and attachment of 5 page explanation
	12-4	Warden Batts response to BP9, as rejection notice per Alderson
E		Administrative Remedy, BP10 (#2) Compassionate Release, Regional
	13-1	Copy of BP10 (inmate has original)
	13-2	Inmate explanation regarding Warden Batts rejection/denial
	13-3	Regional rejection notice
		per Alderson staff, suggested that inmate resubmit BP9 to Alderson without exhibits (inmate disagrees)
F	14-1	Inmate response to BP10 rejections per conversation with counselor and unit manager.
	14-2	Administrative Remedy, BP9 (#2) Compassionate Release, Alderson
	14-3	Copy of BOP instructions, kept by counselor Ms. Johnson, for reference
	14-4	Warden Batts response to BP9 #2, (denial did not address issue of exhibits)
	14-3.5	Receipt
G		Administrative Remedy, BP10 (#2) Compassionate Release, Regional
	15-1	Copy of BP10 (inmate has original), plus disagreement by inmate, including exhibits for reference as four copies were returned without review)
	15-2	XXXXXXXX Mailroom notice of postage due on package they weighed. (explanation on bottom of page)
	15-3	Regional office rejection notice to BP10 (#2)

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for
COMPASSIONATE RELEASE REQUEST

	<u>EXHIBIT NUMBER</u>	<u># of PAGES</u>	<u>TITLE</u>
H	16	1	ADD ON: This is a cop out to Mr. Weaver HSU director, as requested per the unit manager, Ms. Altizer, regarding new treatments per the BOP and includes his response
	16-1	1	ADD ON: Brief synopsis of meeting called by Mr. Weaver, to include, meeting with the regional doctor and the inmate response and conclusion to the above. (12/29/10 and 1/7/11)
I	17	1	Administrative Remedy, BP11, Compassionate Release, District Office
	17-1	1	Copy of the BP11
	17-2	1	District Office rejection notice
J	18	6	Federal Bureau of Prisons Program Statement Compassionate Release Procedures for Implementation
	19	14	Federal Bureau of Prisons Program Statement Administrative Remedy Program
	20	7	Alderson Federal Prison Camp Institutional Supplement for Administrative Remedy Procedures for Inmates
	21	2	Alderson Federal Prison Camp , Institutional Supplement Religious Beliefs
	22	5	Alderson Federal Prison Camp, Institutional Supplement, Patient Care
	23	3	Federal Bureau of Prisons Program Statement Psychiatric Services
	24	1	Federal Bureau of Prisons, Program Statement Pharmacy Services
	25	1	Federal Bureau of Prisons, Medical Designations referral services for federal inmates

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<i>K</i>	26	25	References
	1	1	570.20, Community confinement <i>570.21</i>
	2	<i>b</i>	Westlaw, BOP RRC; Community Confinement, Second Chance
	3	1	BOP Memo, Second Chance, Halfway house
	4	6	RRC Placement
	5	1	3582, Imposition of Sentenc
	6	1	3621, Imprisonment of convicted person
	7	8	3624, Release of a Person
<i>L</i>	27	2	BOP, Compelling Circumstances for Compassionate Release, by FAMMGRAM
<i>M</i>	28	4 <i>33</i>	Furloughs, 570.33
		4	Federal Register, Revision , 2/10/11 Furloughs 570.
		4	Federal Register, , Pre-release, Community Confinement 570.